Medicaid Standards of Promptness Quarterly Report #4

(FY2015 Appropriation Bill - Public Act 252 of 2014)

November 1, 2015

Sec. 620. (2) The department shall report on a quarterly basis by February 1, May 1, August 1, and November 1 to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and house and senate policy offices on the average Medicaid eligibility standard of promptness for each of the required standards of promptness under subsection (1) and for medical review teams reviews achieved statewide and at each local office.



RICK SNYDER, GOVERNOR NICK LYON, DIRECTOR

Section 620 of 2014 Public Act No. 252 4 th Quarter Fiscal Year 2015 (July 1, 2015 – September 30, 2015) Medicaid Standard of Promptness	
Average Medicaid eligibility standard of promptness when disability is an eligibility factor	93.22%
Average Medicaid eligibility standard of promptness for all other Medicaid applications	96.71%

Section 620 of 2014 Public Act No. 252 4 th Quarter Fiscal Year 2015 (July 1, 2015 – September 30, 2015) Medical Review Team Reviews Processing Time	
Average processing time for medical review team reviews Statewide	11.68 days
Average processing time for medical review team reviews Central Service Area (Lansing office)	13.92 days
Average processing time for medical review team reviews Detroit Service Area (Detroit office)	9.86 days
Average processing time for medical review team reviews Northern Service Area (Traverse City office)	31.31 days
Average processing time for medical review team reviews Southwest Service Area (Kalamazoo office)	19.22 days

The statewide average is a weighted average based on the caseload of each DDS office.